

**Issues to be Reviewed and Addressed when a Person Has Had a Choking Incident**

**Instructions: Please review the attached checklist regarding specific questions related to the reported choking incident for this person. Please include the answers to all of the questions that are checked below in the follow up report.**

Requested	Date Received	
<b>GENERAL QUESTIONS</b>		
<input type="checkbox"/>		<b>1</b> What item caused the person to choke? If not known, then what was the last item he/she ate?
<input type="checkbox"/>		<b>2</b> Where was the person at the time of the incident (e.g., dining table, couch, bed, etc.)
<input type="checkbox"/>		<b>3</b> Was there a dining/choking risk plan in place prior to the choking incident? If so, was the plan being followed?
<input type="checkbox"/>		<b>4</b> Has this person experienced previous choking incidents? If so, when?
<input type="checkbox"/>		<b>5</b> Does person have difficulty chewing or swallowing?
<input type="checkbox"/>		<b>6</b> Are there any dietary restrictions or modifications (e.g., low salt, calorie restriction, etc.) in the person's dining/choking risk plan?
<input type="checkbox"/>		<b>7</b> Does the person have a specialized diet texture/ fluid consistency ordered (pureed, chopped, thickened liquids, etc.)?
<input type="checkbox"/>		<b>8</b> Does the person have a positioning plan during mealtime? If so, was the plan followed at the time of the incident?
<input type="checkbox"/>		<b>9</b> What is the person's level of supervision during meals (and snacks)?
<input type="checkbox"/>		<b>10</b> If the person was new to the home within the past 6 months, was all relevant dining information communicated at transition? Were the receiving staff trained to competency?
<input type="checkbox"/>		<b>11</b> What immediate safety measures are in place to help prevent another choking episode until the team can convene to formalize a next step?
<input type="checkbox"/>		<b>12</b> What is the outcome of the team's evaluation/assessment of the incident? Were any changes made to the person's dining/choking risk plan?
<input type="checkbox"/>		<b>13</b> Was medical intervention given? If so, what did this include?
<b>UNSAFE EATING ISSUES</b>		
<input type="checkbox"/>		<b>14</b> Does the person engage in unsafe eating habits (rapid rate of eating, stuffing mouth, taking large bites, pica, etc.)?
<input type="checkbox"/>		<b>15</b> Was food within reach if this is a risk for the person?
<input type="checkbox"/>		<b>16</b> Does the person have formal dining objectives in place to address the unsafe eating habit(s)?
<input type="checkbox"/>		<b>17</b> If the person was eating too quickly, was he/she hungry? Had he/she missed a meal?
<input type="checkbox"/>		<b>18</b> Is the person on medications known to increase appetite?
<input type="checkbox"/>		<b>19</b> If the person has food-stealing behaviors, does he/she need increased supervision and/or decreased access to food?
<b>STAFFING ISSUES/STAFF TRAINING ISSUES</b>		
		<b>Note:</b> Training should be competency-based (hands-on implementation of procedures to ensure staff understand and can perform)
<input type="checkbox"/>		<b>20</b> Were staff following the required level of supervision/monitoring (including required proximity to the person) during the incident ?
<input type="checkbox"/>		<b>21</b> What is the staffing ratio during mealtimes?
<input type="checkbox"/>		<b>22</b> What was the staffing ratio when the incident occurred?
<input type="checkbox"/>		<b>23</b> How long had the staff member been employed when the choking incident occurred?
<input type="checkbox"/>		<b>24</b> Was the staff working overtime when the incident occurred?
<input type="checkbox"/>		<b>25</b> Was staff trained in emergency intervention, including CPR and Heimlich? Was the staff's certification current at the time of the incident?
<input type="checkbox"/>		<b>26</b> What is the "next step" for staff to take regarding who to contact if the person continues to display unsafe eating habits, including if the person refuses to follow the dining/choking risk plan? Are all staff trained on this procedure?
<input type="checkbox"/>		<b>27</b> Are all staff trained to competency on specific details of the dining/choking risk plan, including specifics on how to cut-up food, what size of pieces are appropriate, how food is to be presented (e.g., plate to plate), correct consistency of food/liquids, etc.?
<b>ENVIRONMENTAL ISSUES TO CONSIDER</b>		
<input type="checkbox"/>		<b>28</b> If a person does not have specific instructions on staff proximity during meals (e.g., sitting at the right side of the person), is the person at a table close to staff? (Review location during meals - e.g., workshop)
<input type="checkbox"/>		<b>29</b> How are food items secured in cases of risk (without restricting anyone's rights and appropriate access to food items)?
<input type="checkbox"/>		<b>30</b> Were there distractions in the environment when the incident occurred (chaotic/noisy environment, unfamiliar people in the area, staff talking/texting on cell phone etc.)?
<b>AFTER THE INCIDENT</b>		
<input type="checkbox"/>		<b>31</b> Was the person taken to the ER/hospital? If hospitalized, how many days of hospitalization? What was the final diagnosis at time of discharge?
<input type="checkbox"/>		<b>32</b> Was a dysphagia evaluation completed by a speech therapist as a result of the choking incident?
<input type="checkbox"/>		<b>33</b> Was a swallow study recommended? If so, was it completed? Have the recommendations been implemented?
<b>MONITORING BY STAFF</b>		

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<input type="checkbox"/>		<b>34</b>	Was the person observed for signs and symptoms of aspiration for 3-5 days after the incident?
<input type="checkbox"/>		<b>35</b>	Did the person display any signs and symptoms of aspiration? Includes elevated temperature, cough, lethargy, refusal of meals, chest congestion, pale gray-blue skin, difficulty breathing, decreased food/fluid intake, change in sleeping habits.
			<b>MONITORING BY MANAGEMENT</b>
<input type="checkbox"/>		<b>36</b>	How does the team identify triggers for dysphagia, choking, aspiration?
<input type="checkbox"/>		<b>37</b>	How does the team ensure that the dining/choking risk plan is implemented consistently?
<input type="checkbox"/>		<b>38</b>	Do various professionals and/or management staff monitor at mealtimes?
<input type="checkbox"/>		<b>39</b>	Are there monitoring sheets in place? If so, were they in place before the incident?
<input type="checkbox"/>		<b>40</b>	Does the team analyze data to ensure there are no patterns or trends related to choking episodes for the person or in the home?
			<b>REQUEST FOR DOCUMENTATION</b>
<input type="checkbox"/>		<b>41</b>	Copy of person's previous dining/choking risk plan
<input type="checkbox"/>		<b>42</b>	Copy of person's updated dining/choking risk plan
<input type="checkbox"/>		<b>43</b>	Information (including any relevant documents) regarding whether the person displayed any signs/symptoms of aspiration for 3-5 days following the incident. ***If written documentation was not completed, this should be acknowledged***
<input type="checkbox"/>		<b>44</b>	Copy of a choking assessment completed by the team with monitoring frequency determined by level of choking risk (the higher the risk the more frequent the monitoring required)
<input type="checkbox"/>		<b>45</b>	Staff training records regarding the dining/choking risk plan (ALL settings - home and day programs)
			<b>Note:</b> Training should be competency-based (hands-on implementation of procedures to ensure staff understand and can perform)
<b>Name</b>			
<b>Date of Choking</b>			
<b>Time of Choking</b>			